

**Graduate School
UNIVERSITY OF ARKANSAS**

DOCTORAL DISSERTATION COMMITTEE

Student's Name: _____ ID Number: _____

Degree Sought: _____ Degree Program: _____

Student's Signature: _____ Date: _____
(signature)

The Doctoral Dissertation Committee is responsible for insuring that the dissertation contributes new knowledge of fundamental importance or significantly modifies, amplifies, or interprets existing knowledge in a new and important manner. The Graduate School requires a minimum of three committee members where the chair has group I and each member has group I or II graduate faculty status. Department programs may have additional requirements.

Doctoral Dissertation Committee

(Please type or print **FULL NAME**. Example: Jane R. Doe.)
(Please **NOTE** if ex-officio or off campus.*)

_____ CHAIR	
Please PRINT full name	_____ <i>signature*</i>
_____	_____
Please PRINT full name	_____ <i>signature*</i>
_____	_____
Please PRINT full name	_____ <i>signature*</i>
_____	_____
Please PRINT full name	_____ <i>signature*</i>
_____	_____
Please PRINT full name	_____ <i>signature*</i>
_____	_____

Department Chair/Head: _____ Date: _____
(signature)

Approved: _____ Date: _____
Office of the Graduate Dean

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of Graduate School. * Signatures are not required for ex officio or off campus faculty

Original: Graduate School
xc: Department/Degree Program